

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										46 =62-007594		
Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 46										STATE FILE NUMBER		
FILED FEB 26 1962												
1. PLACE OF DEATH a. COUNTY St. Charles						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville						Length of stay in 1b 7 Yrs		c. CITY OR TOWN Wentzville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wentzville, R.R.2						Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Wentzville, R.R.2			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Jessie Blanche Burnett						4. DATE OF DEATH Feb. 13 1962						
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/1/1888		9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY Home Duties		11. BIRTHPLACE (City and state or country) Portersville, Alabama			12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Thomas Lee Stewart				13b. MOTHER'S MAIDEN NAME Effie E. Roberts				14. NAME OF HUSBAND OR WIFE Bradbury E. Burnett				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Thomas S. Williams Wentzville, Mo. R.R.2						
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH 30 MIN - (2) 2 HRS 4 6 WEEKS 3 YRS		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from 9-20-58 to 2-13-62 and last saw her alive on 1-7-62 Death occurred at 8:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) W. B. Hamilton D.O.						22b. ADDRESS Wentzville, Mo.			22c. DATE SIGNED 2/15/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/16/1962		23c. NAME OF CEMETERY OR CREMATORY Carlyle Cemetery			23d. LOCATION (City, town, or county) Carlyle, Ill.			(State)		
24. FUNERAL DIRECTOR T. E. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 18/1962		26. REGISTRAR'S SIGNATURE [Signature]						

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Howard O. Kessler

Licensed Embalmer No.

4631

P. O. Address

Wentville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.